South Eastman Health
Annual Report
2009-2010

South Eastman health
Sud-Est santé

South Eastman Health
Santé Sud-Est

Partnering with you
En partenariat avec vous

TABLE OF CONTENTS

LETTER OF TRANSMITTAL 3

VISION, MISSION & VALUES 4

SOUTH EASTMAN HEALTH SANTÉ SUD-EST INC. 5

BOARD GOVERNANCE 11

ADVISORY STRUCTURE 15

ORGANIZATIONAL STRUCTURE 17

FACTORS THAT INFLUENCE HEALTH OUTCOMES 19

RESULTS AT A GLANCE 2009-10 23

STRATEGIC PRIORITIES: 2006-2011 27

RISK MANAGEMENT STRATEGY 40

CAPITAL PLAN 42

THE PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION) ACT 43

CONDENSED STATEMENT OF FINANCIAL POSITION 45

CONDENSED STATEMENT OF OPERATIONS 46

CONTACT INFORMATION 47

LETTER OF TRANSMITTAL

The Honorable Theresa Oswald
Minister of Health
Room 302, Legislature Building
450 Broadway
Winnipeg, MB R3C 0V8

September 30, 2010

Dear Minister Oswald,

We have the honour to present the Annual Report for the South Eastman Health/Santé Sud-Est Regional Health Authority, for the fiscal year ending March 31, 2010.

This Annual Report was prepared under the Board's discretion, in accordance with *The Regional Health Authorities Act* and directions provided by the Minister of Health. All material economic and fiscal implications known as of August 27th have been considered in preparing the annual report. The content of this document was approved by the Board of Directors at its August 2010 meeting.

Respectfully submitted on Behalf of
South Eastman Health/Santé Sud-Est Regional Health Authority,

ABoisvert

Aurèle Boisvert
Chairperson
South Eastman Health/Santé Sud-Est Inc.

VISION, MISSION & VALUES

Vision

To achieve wellness and the best possible health by partnering with individuals, families and communities.

Mission

To pursue our Vision by providing quality health services supported by evidence-based decision making.

Values

We believe in **INTEGRITY** and are committed to being transparent and honest with our staff, our partners, and the communities and people that we serve.

We believe in a **SHARED VISION** and will work with our staff, partners, and community to ensure that a clear understanding of this vision informs all of our planning and work.

We believe in **RESPECT** and recognize the value, equality, resourcefulness and resilience of individuals including staff, volunteers, patients and community members, and are committed to responding with empathy, compassion and respect for community diversity.

We believe in **PATIENT SAFETY** and **SERVICE EXCELLENCE** and encourage all parts of the regional health delivery system to seek creative and innovative solutions to deliver safe, integrated and quality health services while maintaining willingness to change and openness to continuous learning and improvement.

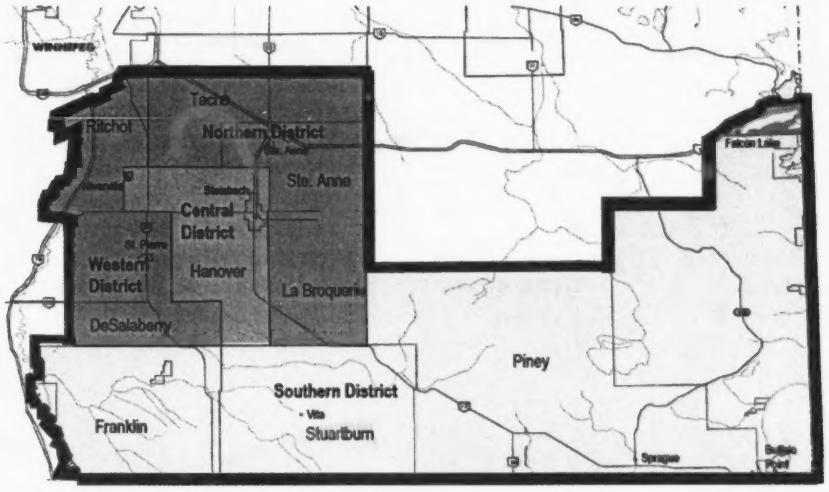
We believe in demonstrating **PERFORMANCE ACCOUNTABILITY** by providing a safe, responsive and sustainable health care environment through responsible governance and management practices, prudent stewardship of resources throughout the organization, transparency and good communication, and by demonstrating integrity and ethics in the interactions of the total organization.

We believe in **COLLABORATION** and are committed to teamwork, consultation and two-way communication with our partners and regional communities in order to deliver services in the most effective manner while respecting the different needs and priorities of those with whom we work.

SOUTH EASTMAN HEALTH
SANTÉ SUD-EST INC.

South Eastman Health/Santé Sud-Est is a rapidly growing bilingual rural Regional Health Authority (RHA) with a relatively healthy and young population. The Authority encompasses the area south from the Trans-Canada Highway to the U.S. border, and east of the Red River to the Ontario border, and includes 13 municipalities, one First Nations community and unorganized territory.

For health planning purposes, the region is divided into four districts: Western, Northern, Central and Southern.



Our Population

South Eastman continues to experience a 2-3% population increase each year, maintaining its decade-long trend of steady growth. In June 2009, there were 66,984 residents in South Eastman, representing a 26% increase since 1999 or an additional 14,000 residents. South Eastman is by far the fastest growing Rural Health Authority in Manitoba, with the provincial and Winnipeg populations showing only 6% increases over the same time period.

Within South Eastman, the Central, Western and Northern District populations have grown by 41%, 27% and 13%, respectively since 1999 while the Southern District population increased 4%. South Eastman has also experienced significant growth across all age groups, with increases markedly above the provincial averages in all age categories.

The South Eastman population represents a wide range of ethnicities. Ninety-eight per cent (98%) of residents report origins in five groups: European 42%, British Isles 16%, French 14%, Aboriginal 9% and other North American 18%. The contribution of European origins is noticeably greater than in the general Manitoba population at 34%.

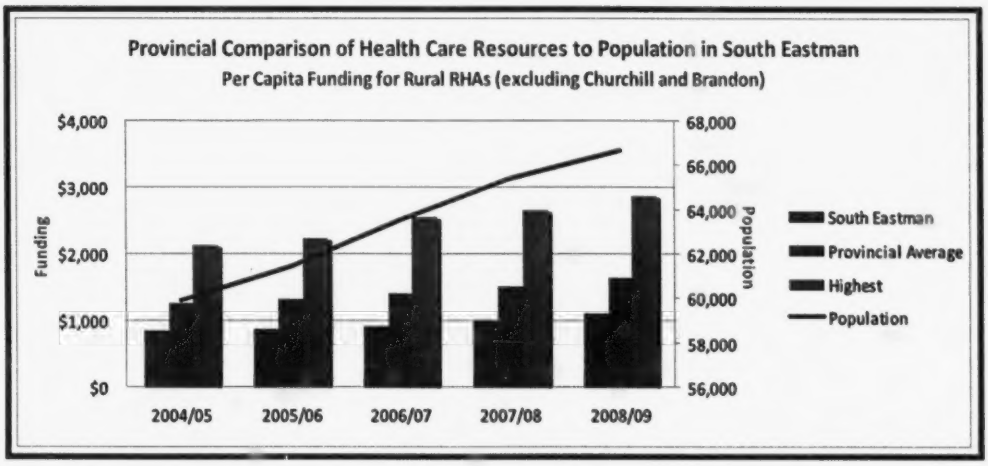
Data from the 2006 Census records show that in South Eastman (as in Manitoba overall), one in eight residents (12%) is an international immigrant born outside of Canada. According to Census figures, immigrants arriving in South Eastman from overseas since 1996 now represent 7% or one in fourteen residents; the corresponding Manitoba figure is 4%. While recent immigrants have settled in all parts of South Eastman, the majority (63%) reside in our Central District and another 23% in our Northern District.

However, health care funding has not kept pace with the region's population growth. In 1999-2000, per capita funding to South Eastman RHA stood at 46.5% of the provincial average and 67.3% of the rural/northern average. In 2009-10, South Eastman's per capita funding further decreased to 44.7% of the provincial average and 65.8% of the rural/northern average, due to the consistent population growth of 26% since 1999-2000.

Such a dramatic population growth has a direct influence on service delivery volumes and the resources required to address those volumes. Statistical indicators of volume trends include annual increases such as:

- Home Care 2% to 4%
- EMS transport 10% to 30%
- Diagnostic procedure 8% to 10%
- Births/in-patient day 6% to 10%
- ER visits 15% to 20%
- OR visits 10%
- Cancer Care/Chemo treatment visits 8%
- Ultrasound/CT scan procedure 5% to 15%
- Mental Health 10% to 25%
- Primary care contact 15% to 30%
- Public Health and immunization contacts 3% to 5%

These service volume increases have required the hiring of approximately 25 to 30 new full-time equivalent health service professionals and support staff annually and our rapid growth has resulted in both a space crunch and an infrastructure gap that requires investments for facilities, equipment and information systems. These are the unavoidable consequences of servicing a growing population.



South Eastman Health/Santé Sud-Est Inc. continues to be funded well below the Provincial average of $1644 in terms of per capita funding in 2008-09. Source: RHA Finance Department

Our Services

South Eastman Health/Santé Sud-Est Inc. provides specialized community and acute care health services in southeastern Manitoba.

Acute Care Services

There are four hospitals within the region where residents have access to a wide range of acute care as well as specialized services.

Bethesda Hospital/Bethesda Place (Steinbach)

- Emergency
- Surgical Care
- Long Term Care
- Medicine
- Nurse-Managed Care
- Cancer Care
- Obstetrics
- Cardiac Care Unit
- Rehabilitation Unit
- Physiotherapy
- Occupational Therapy
- Speech Language Pathology
- Children's Therapy Initiative
- Lab & Diagnostics
- Palliative Care
- Telehealth
- Spiritual Care
- Audiology

De Salaberry District Health Centre (St. Pierre-Jolys)

- Emergency
- Medicine
- Nurse-Managed Care
- Long Term Care
- Palliative Care
- Lab & Diagnostics
- Physiotherapy
- Occupational Therapy
- Spiritual Care

Ste. Anne Hospital

- Emergency
- Surgical Care
- Obstetrics
- Medicine
- Palliative Care
- Lab & Diagnostics
- Physiotherapy
- Occupational Therapy
- Spiritual Care

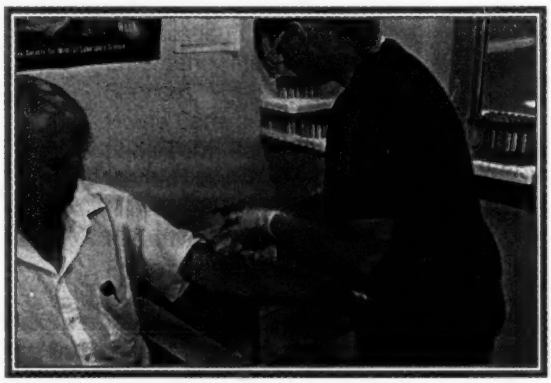
Vita & District Health Centre

- Emergency
- Medicine
- Nurse-Managed Care
- Physiotherapy
- Occupational Therapy
- Long Term Care
- Palliative Care
- Lab & Diagnostics
- Spiritual Care

Community Services

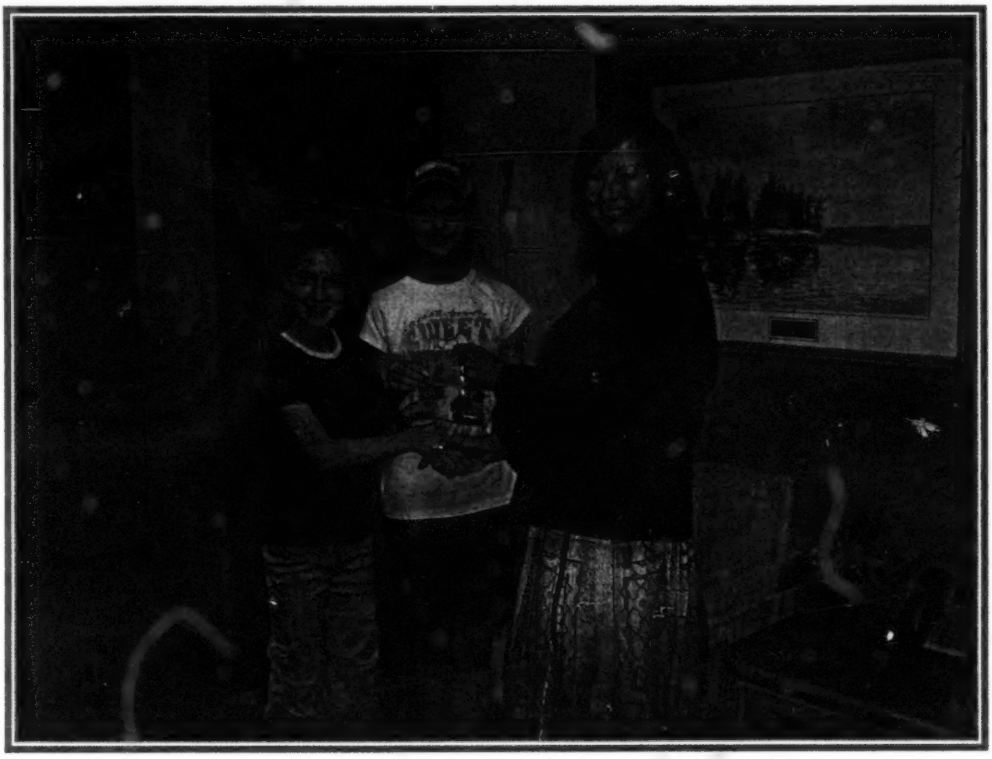
Community-delivered services are a vital component of an integrated health care system. The RHA provides the following services through its eight community health offices, two primary health care centres, five emergency medical stations, three community health resource centres as well as its midwifery unit.

- Community Cancer Care
- Diagnostic
- Emergency Medical Services
- Home Care
- Long Term Care
- Mental Health
- Midwifery
- Palliative Care
- Primary Health Care
- Public Health
- Services to Seniors
- Telehealth



Corporate Services

The corporate offices are located in La Broquerie, adjacent to the La Broquerie Health Resource Centre. Centralized services such as Communications, French Language Services, Finance, Payroll/Audit, Human Resources, Quality, Planning, Patient Safety and Risk Management are directed out of the corporate offices. Additional support services are also essential to organization, such as Emergency Preparedness, Information Systems, Materials Management and Construction, Energy and Savings.



Accepting Donation to the Palliative Care Program.
Shaylene Wiebe, Jessie Dyck and Patti Fries, Facility Manager,
Bethesda Hospital, Bethesda Place.

Our Facilities

The RHA operates four acute care hospitals, two primary health care centres and three personal care homes. In addition to these facilities, there are three personal care homes operating under service purchase agreements and one privately operated personal care home. The RHA also operates eight community services facilities, as well as a midwifery unit and works collaboratively with three communities for services provided through health resource centres.

Hospitals

- Bethesda Hospital (Steinbach)
- De Salaberry District Health Centre (St. Pierre-Jolys)
- Ste. Anne Hospital
- Vita & District Health Centre

Primary Health Care Centres

- East Borderland Primary Health Care Centre (Sprague)
- Niverville Primary Health Care Centre

The following services are available at these locations:

Chronic Disease Management	Dietician
Home Care	Laboratory Services
Mental Health	Nurse Practitioner
Physician Services	Public Health

Personal Care Homes

- Bethesda Place (Steinbach)
- Repos Jolys (St. Pierre)
- Vita Personal Care Home (Vita)

Personal Care Homes - Contract

- Menno Home for the Aged (Grunthal)
- Rest Haven Nursing Home (Steinbach)
- Villa Youville (Ste. Anne)

Personal Care Homes – Privately Owned

- St. Adolphe Personal Care Home

Community Services Locations

- Dominion City
- St. Adolphe
- Ste. Anne
- St. Pierre
- Steinbach Community Health Services
- South Eastman Health Centre – Clearspring
- South Eastman Health Centre - Lorette
- Vita

Community Health Resource Centres

- Coin Santé/Health Corner (St. Pierre)
- Centre de santé Sainte-Agathe
- Centre de santé La Broquerie

BOARD GOVERNANCE

South Eastman Health/Santé Sud-Est Inc. operates under the direction of a Board of Directors, which are accountable to the Minister of Health. The Board governs in compliance with the legislative authority as outlined in *The Regional Health Authorities Act*. The Board plans and makes decisions in accordance with its Ends Statements and Strategic Priorities, which are reviewed annually, as identified in the five-year (2006-2011) Strategic Plan. The Board monitors Board Ends and regularly reviews a variety of reports and scorecards with the Chief Executive Officer to monitor the performance of the Regional Health Authority (RHA).

The Board oversees the efficient implementation of the health plan, the appropriate allocation of funds and the maintenance of effective systems of control and legislative compliance by adhering to *The Regional Health Authorities Act* and the associated By-Laws approved by the Ministers of Manitoba Health and Healthy Living. The following Board Committees are in place to assist it in achieving this:

- Executive/Governance
- Finance/Audit

The Policy Development and Review Committee work was reallocated to the Executive Governance committee as of April of 2009. The Community Relations Committee was suspended in March 2010 as the Board felt it was redundant because of the restructuring of the District Health Advisory Councils and the implementation of a new Community Facilitator position.

Board members in 2009-10
(March 31, 2010)

Aurèle Boisvert (Ste. Anne), Chair
Anita Funk (Grunthal)
George Sawatzky (Niverville), Secretary-Treasurer
Claude Lemoine (Ste. Agathe)
Christiane Neufeld (Steinbach)
Chris Summerville (Steinbach)
Leo Van de Bussche (St. Adolphe)
Line Leclerc (La Broquerie)
Suzanne Ritchot (Ste. Anne)
Suzanne Sarrasin (Lorette)
Paul Campbell (Middlebro)
Jean Balcaen (Richer)
Ernie Wehrle (Ste. Anne)
Vania Gagnon (Lorette) *
Bryan Nichols (Dominion City)*

* Term ending March 2010

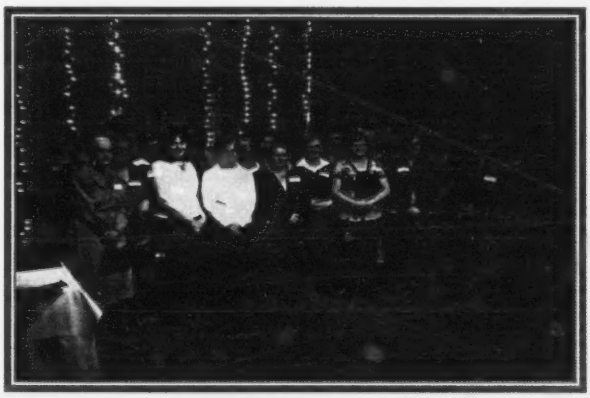
There is Board representation on the Regional Risk Management Committee, the Regional Ethics Committee, and a Board Liaison on each District Health Advisory Council (DHAC) as well as the Providers and Partners Advisory Committee (PPAC).

The Board conducts a bi-annual self-assessment to evaluate its performance and identify its education requirements. Open Board meetings are on the fourth Thursday of every month (except for July where there is no meeting) with local media attending all Board meetings. Board meeting minutes are available to the public on the RHA website.

Board Activities

- Actively participated in employee and volunteer appreciation and recognition events, as well as fundraising initiatives coordinated by employees, foundations and auxiliaries such as:
    - The fundraising event held in April by the De Salaberry Foundation.
    - The grand opening of the expanded Mobile Crisis Team service hours.
    - Informal staff meetings, providing an opportunity for dialogue on a variety of issues and initiatives in the region.
    - The Regional Long Service Awards held in Niverville, recognizing 92 recipients with 10 or more years of service.

"Dedicated people make a positive difference in our clients' lives every day."



Long-time employees of South Eastman Health/Santé Sud-Est Inc.

- Continued to support the RHA's Long Term Care Strategy Report identifying the need for additional personal care home beds and supportive housing in the region.
- Contributed to the development, review and approval of the RHA annual Health Plan.
- Participated in an educational session on Personal Health Information Act update and signed updated confidentiality pledge forms.
- Approved the Summer Operations Plan for 2009, providing increased flexibility to CEO to manage summer volume pressures.
- Attended the Bethesda Staff Appreciation BBQ where the Bethesda Foundation announced their commitment to the ER renovation project in the form of a community commitment of 10% or $1.4 million.

- Provided formal orientation to new Board members and conducted a Board Retreat in September 2009 which focused on Strategic Planning for 2011-2016. This included a dinner with the Regional physicians to facilitate consultations on future directions of the RHA.
- At the region's Annual General Meeting in November 2009, shared the findings from the Community Health Assessment and engaged the public in round table discussions. Awarded eleven bursaries, two of which were RHA bursaries.
- Approved the final CHA Comprehensive Report which was submitted to Manitoba Health following the November Board meeting.
- The Board approved the review of the District Health Advisory Councils and Provider & Partners Advisory Committee resulting in changes to the terms of reference for these groups.
- Attended Premier Selinger's announcement of the plans for a new bilingual service center in Ste. Anne.
- In January 2010, the South Eastman Health Centre in Clearspring Mall was officially opened by Steinbach MLA Kelvin Goertzen and Mayor Chris Goertzen along with the Board and Senior Management of South Eastman Health.
- Reviewed the Manitoba Centre for Health Policy (MHCP) report, titled "Manitoba RHA Indicators Atlas" with Dr. Randy Fransoo, as part of the strategic planning information gathering process.
- The Falcon Lake Medical Clinic and the Emergency Medical Services Building in Falcon Lake were toured in January 2010.
- Attended the South Eastman Rotary Club fundraiser to purchase equipment for Bethesda Place.
- In March 2010, the Lorette Health Centre was officially opened, providing greater access to services in the community.
- Housing Minister Gord McIntosh visited East Borderland Community Housing in June 2009.
- Minister of Healthy Living Kerri Irvin-Ross along with the Vice President of Community and Long Term Care, and Board Members attended a meeting in Sprague discussing the East Borderland Community Housing project.
- The Board Chair and four Board members along with representatives from Executive and Regional Management attended a special pilot workshop on Effective Governance for Quality and Patient safety sponsored by the Canadian Patient Safety Institute.

Board consultations with the public and stakeholders

The Board values partnerships and appreciates the importance of consultations with key stakeholders, including physicians, nurses and RHA employees. Therefore the Board regularly invites the public and key stakeholders to Board meetings, as well as to other activities. This provides opportunities for interaction, input and active participation as well as for consultation and information sharing.

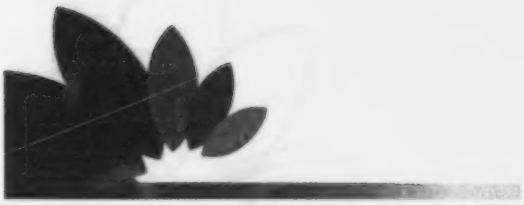
Board consultations in 2009-10

- Board members met with members of the District Health Advisory Councils and the Provider and Partners Advisory Committee over the course of the year where consultations and dialogue about health issues and terms of reference occurred.
- Board members participated on the Leadership and Partnerships Committee as it transitioned to the Leadership Network which includes members of the Boards and Chief Executive Officers of contract sites in the region and other stakeholders.
- The Board Chair and the Chief Executive Officer met with employees from all facilities and programs across the region to share key information and provide a forum to discuss concerns.
- Consultations held with the Falcon/West Hawk Chamber of Commerce, the Whiteshell Community Club and the South East Whiteshell Fire Department to build a new medical clinic in Falcon Lake to accommodate a physician year round.
- Consultations with Manitoba Government to implement a new home care scheduling program
- Focus groups were held across the region with the Francophone communities, Métis groups and others to gather views on health issues and needs as part of evidence gathering for the Community Health Assessment, the Francophone Health Needs Assessment and the Métis Health Assessment.
- Active consultations throughout the region with the reeves, mayors, CAOs and EMOs as well as the Chief of Buffalo Point to assist with management of the Pandemic H1N1 and offering assistance with Pandemic planning preparations.
- Partnered with Eastman Educational Centre, local churches and the business community to provide an information session on business continuity during a pandemic.
- Hosted a meeting which brought the University of Manitoba Faculty of Medicine to Steinbach to promote South Eastman Health as a site for Clinical teaching unit for medical students.

Funding Announcements

- Funding for Fetal alcohol spectrum disorder (FASD) of $55,000.
- *StartFresh!* Steering committee allocated over $42,000 of funding to support 21 community groups and organizations of the South Eastman region in the spring intake of applications.
- Funding from Information and Computer technology (ICT) for $273,331, to replace computers and printers, upgrade software for our finance department, dietary and maintenance systems.
- Funding from Manitoba Health and Healthy Living of $275,000, for the purchase of specialized equipment needed in the Obstetrical and surgical programs.

CEO Monique Vielfaure-Mackenzie with Mayor William Danylchuk and Patricia Danylchuk at South Eastman Health Centre Lorette Open House in March 2010



- *StartFresh!* Steering committee allocated over $58,000 of funding to support 39 community groups and organizations of the South Eastman region in the fall intake of applications.
- Total additional funding received for 2009-2010 was $1,593,500. This provided for seven safety and security projects within South Eastman Health. These projects included upgrades to fire systems, bathing facilities, elevators, internal monitoring systems and roof repairs.

ADVISORY STRUCTURE

The Chief Executive Officer, reporting to the Board of Directors, ensures efficient and effective management and delivery of health services within the South Eastman region. The Chief Executive Officer works with the Executive Management Committee and a Regional Management Team to accomplish the goals as determined by the Board.

Program and Facility Managers are responsible for administering regional health programs and services including: acute care, long term care, public health, primary health care, mental health, home care, services to seniors, emergency medical services, palliative care and diagnostic services. The majority of corporate functions (human resources, finance, communications, French language services, infection control, patient safety, quality risk and planning, materials management, construction and information technology) are centralized for competent and efficient use of resources.

For health planning purposes, the region is divided into four districts: Western, Northern, Central and Southern. The RHA has one District Health Advisory Council for each district, one Providers and Partners Advisory Committee and a Medical Advisory Committee for the region. The RHA Board of Directors held three joint Board meetings in 2009-2010 with the District Health Advisory Councils and the Provider and Partner Advisory Committee, providing a forum for consultations and dialogue.

The structure and functions of the Advisory Councils was reviewed early in 2009. The structure of the councils remained unchanged; however, the function of how advice is provided to the Board was articulated and clarified. The Board provides the councils with specific questions related to the topics of interest and the Community Facilitator leads discussion, gathers feedback and collaboratively writes a report in response to the questions for the Board to review. The Board then takes this advice under consideration, implementing where possible and reporting back to the Councils on actions taken.

District Health Advisory Councils
(established in 1997 revised 2009)

Members of District Health Advisory Councils (DHAC) have an interest in the health of their communities. District Health Advisory Council members provide advice to the Board on appropriate health-related actions and services for their district. As well, they help the Board communicate its policies and activities to their communities. District Health Advisory Councils may initiate local projects. These projects focus on informing the communities and promoting health within a district or throughout the regional population. One RHA employee and Board member are appointed to each District Health Advisory Council to act as liaisons.

Western District Health Advisory Council
Abe Goertzen, Libby Hanna,
Susan Watson and Kristi Jensen

Providers and Partners Advisory Committee
(established in 1997 revised 2009)

The Providers and Partners Advisory Committee (PPAC) facilitates communication between the RHA Board and health care providers, as well as advocating for improved health for all members of the community. It identifies local needs and makes the RHA Board aware of health care provider opinions relevant to decision-making and planning. One RHA employee and Board member are also appointed to the Provider and Partner Advisory Committee to act as liaisons.

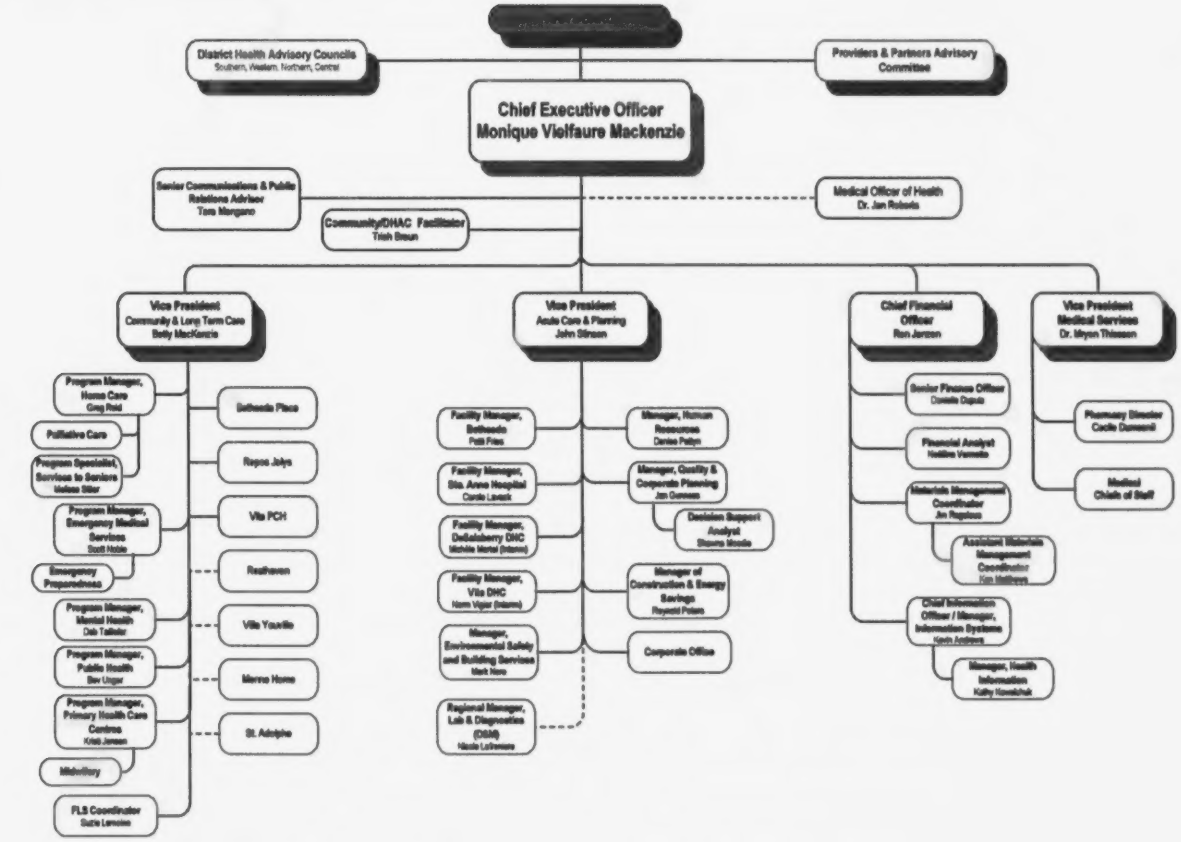
Medical Advisory Committee
(established in 1997)

The regional Medical Advisory Committee (MAC) membership consists of the Vice President of Medical Services, a chief of staff from each of the four acute care facilities, a midwife, a surgeon and the Vice President of Acute Care and Planning. The Medical Advisory Committee meetings are held on a monthly basis except in July and August. The purpose of the Medical Advisory Committee is to make recommendations to the Board on medical matters, policies, rules, procedures, codes of conduct, as well as recommend physician appointments and privileges.

Mental Health Advisory Council
(established in April 2007)

The Mental Health Advisory Council provides advice and feedback to RHA management from the perspective of mental health consumers, family members and other support persons. Its membership includes consumers of mental health services, family members or other support persons as well as two employees from the RHA Mental Health program.

ORGANIZATIONAL STRUCTURE



Staff changes in 2009-2010

- Communications/French Language Coordinator modified
- Services to Seniors position redeveloped
- Construction Officer
- Home Care Manager

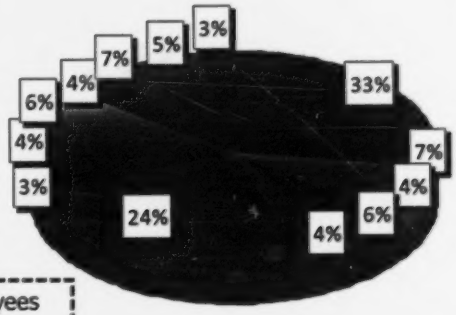
New Positions added or revised in 2009-2010

- French Language Services Coordinator
- Senior Communications and Public Relations Advisor
- Community Facilitator
- Construction Services: Manager of Construction and Energy Savings
- Occupational Health Officer
- Regional Discharge Coordinator
- Nurse Practitioner: Niverville Primary Health Care Centre

South Eastman Health: Employee Sites

as at March 31, 2010

- Bethesda (459)
- De Salaberry (86)
- Mental Health (47)
- Menno Home (64)
- DSM (48)
- Community (92)
- EMS (67)
- Ste. Anne Hospital (67)
- Villa Youville (109)
- Corp (58)
- Home Care (402)
- Vita (104)
- Rest Haven (87)

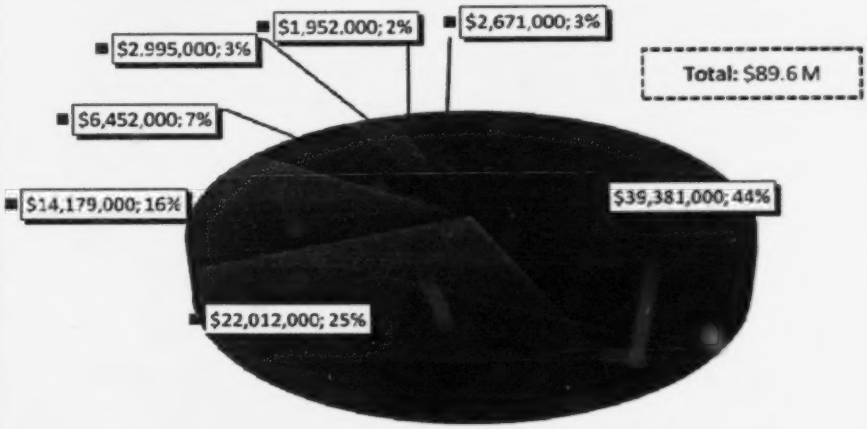


Total: 1555 Employees

South Eastman Health: Expenses by Sector

as at March 31, 2010

- acute care
- community health
- capital costs
- long term care
- mental health
- home care
- corp services



Total: $89.6 M

FACTORS THAT INFLUENCE HEALTH OUTCOMES

Education

Higher education levels increase the likelihood of obtaining higher wage employment, accessing high quality health care and living a healthy lifestyle.

As in rural Manitoba generally, education levels are noticeably lower in South Eastman than in Winnipeg. More than 52% of residents age 15-24 lack a high school certificate compared to 47% province wide; 28% of residents age 25-64 lack a high school certificate compared to 20% province wide; and 61% of those age 65+ lack a high school certificate compared to 46% province wide. There are marked differences across districts.

Income and Socioeconomic Status

Poverty and low household income are associated with a broad range of adverse health outcomes such as reduced life expectancies, death due to violence and chronic diseases. As well, poverty increases the likelihood of a person using tobacco or drugs, being overweight or obese, and not having private health insurance.

"Poverty increases the likelihood of tobacco and drug use, being overweight or obese and not having private health insurance."

While the percentage of South Eastman families living below the official low income cut off point fell below the Manitoba averages in 2005, some 7% or 1,100 families reported incomes at this level. These included 24% lone parent families headed by women and 16% lone parent families headed by men. Further, there were 3% of residents aged 65+ who reported living below the low income cut off and 8% of children under age six were members of very low income families.

"The leading cause of hospitalizations or death in South Eastman is accidental falls for both males and females.

The second leading cause is motor vehicle accidents."

Injury Rate

Injuries are the leading cause of disability and premature death, and result in substantial economic loss to society and individuals. Injuries include both unintentional (accidents caused by falls, motor vehicle accidents, fires, suffocation/submersion) and intentional (suicide, homicide, injuries inflicted by others).

The leading cause of hospitalizations or death in South Eastman is accidental falls for both males and females and this is true for all of Manitoba according to the Manitoba Centre for Health Policy. The second leading cause is motor vehicle accidents.

South Eastman Health/Santé Sud-Est Inc. has shown a trend over the last 20 years (up to 2005) of decreasing hospitalizations and death related to injuries. Geographically, South Eastman has a decreased likelihood of injury hospitalization or death based on: individual characteristics that decreased the likelihood of injury for females being younger and for males being older; being a resident of a higher income; and not having physical or mental problems. Among South Eastman residents, death rates from unintentional injuries remain on par with the Manitoba rate throughout the period 1996-2005. The RHA engages in public awareness campaigns and educational sessions on injury prevention.

Infant Mortality

Infant mortality is a well-established measure of child health and of society's well-being. It measures the number of deaths of children under the age of one. Research shows that infants born with low birth weight or pre-term have a higher risk of infant death. Several factors affect infant mortality such as socioeconomic status, lifestyle behaviours, prenatal care and access to medical care. The Manitoba Child Health Atlas 2008 reports infant mortality rates for two time periods: 1996-2000 and 2001-2005. According to the results, when very fragile infants were excluded from the data, there was a significant decrease in infant mortality across the Southern area of the province which includes the South Eastman region.

Health Behaviours
- Risk Factors for Chronic Illness

Smoking Cigarettes

Smoking is the most important cause of preventable illness, disability and premature death in Canada, leading to heart disease, circulatory disease, cancers, chronic lung disease and digestive problems. In South Eastman, 21% of residents age 12 and over are current smokers, although another 41% are former smokers who have managed to quit. The Canadian Community Health Survey (CCHS) 2001 reported levels of current smoking in the South Eastman population at 18% for women and 25% for men, lower than the respective provincial figures, 25% and 29%. The community health assessment for 2008-09 reports that 15% of the South Eastman residents are exposed to second hand smoke at home which is on par with the provincial average.

Overweight and Obesity

Canada has one of the highest obesity rates in the world. Among children and youth, the obesity rate has risen three-fold in the past 30 years. Overweight and obesity put people at risk for a wide range of chronic health problems, including high blood pressure, heart disease, diabetes, some cancers, as well as mental health problems such as low self-esteem and depression. For obese children and youth, these problems may develop early in life. Twenty per cent of South Eastman children and youth age 12-19 are overweight or obese. In the age group 18+, 38% are overweight and 21% are considered obese. These are comparable to the Manitoba averages of 35% and 21% respectively (Canadian Community Health Survey 2001- 2005 cycles).

Physical Activity

Regular physical activity greatly reduces the risks of heart disease, diabetes, obesity, osteoporosis and arthritis. The CCHS created an index to calculate the total energy expenditure levels for the age group 15-75, based on physical activity undertaken during work-time and leisure-time activities during the past three months. In South Eastman, 30% of residents age 15-75 are considered active which matches the overall levels for Manitoba. Further, in Manitoba 37% self rated as inactive and in South Eastman 35% rated themselves as inactive.

Prevention

Flu Shots

Annual immunization against influenza protects groups at high risk for the serious complications of this common illness, including young children, people aged 65 and older, and people with chronic illnesses.

Only 60% of South Eastman residents age 65^{+} have a flu shot each year. Immunization rates for H1N1 lagged behind other provincial jurisdictions, with less than 20% of the population obtaining vaccination, especially in the Central District.

Screening

Cervical cancer (Pap) screening and mammography screening are powerful tools in the detection and early treatment of cervical cancer and breast cancer in women. Only 70% of South Eastman women age 18-69 have a Pap test every three years, as recommended. Only 65% of women age 50-69 have a mammogram every two years, as recommended. Many South Eastman women use the Misericordia site in Winnipeg. The mobile breast screening program has been very successful in increasing the percentage of women screened in a variety of locations. The goal is to have over 70% of the targeted group screened every two years. Overall, South Eastman region is at 60%, with 3,673 women out of a total of 6,144 women screened.

Smoking Cessation

Recognizing that smoking and second-hand smoke exposure are two the major causes of preventable illness, disability, and premature death, the region's Public Health Healthy Living team drafted and implemented a Tobacco Reduction Strategy. The strategy established goals and objectives in the areas of tobacco prevention, cessation and reduction. Utilizing *StartFresh!* funding, a regional "Kick Butt" Smoking Cessation program which is designed to be facilitated by peer leaders was established. Kick Butt sessions were hosted in St. Pierre and Kleefeld. Also, utilizing *StartFresh!* funding, the Healthy Living team purchased interactive teaching resources to be used in schools, health fairs and smoking cessation programs. The RHA website posted information on the Smoker's Helpline, which is a free, bilingual, one-to-one confidential service to assist individuals who wish to quit smoking.

Health Service Availability and Accessibility

Marked and steadily increasing population growth over the past decade has presented serious challenges to the availability and accessibility of health services in South Eastman. To meet growing needs across all age groups and planning districts, health services provided by South Eastman Health/Santé Sud-Est Inc. have increased and broadened substantially.

Public Health and H1N1

Starting in the spring of 2009, our attention was concentrated on the impending H1N1 pandemic. The resources of the organization were highly focused on the well-being and safety of our constituents/residents and staff. The executive management and corporate team, using the Incident Management System (IMS), worked with the regional program and facility managers to address the myriad of decisions and manage the information process. There were many events behind the scenes that contributed to the management of the potential outbreak. Pandemic planning took priority over the nine month period.

CEO Monique Vielfaure-Mackenzie gets her flu shot.

The face of South Eastman's efforts was undoubtedly our Public Health Program. The implementation of mass immunization clinics is not a new phenomenon. The seasonal flu shot clinics run every year. However, the intensity and urgency of the H1N1 pandemic brought new layers of complexity to the mass immunization clinics unseen in recent history. Within a six-week time span, late September to early November 2009, 12,293 doses of vaccine were administered to the public via the Public Health program. That is 400+ doses in an eight-hour day or almost one every minute of a 40-hour work week, for six weeks. This was accomplished through 50 community-based clinics in 18 different communities. Clinics were held for health care workers as well as at large companies such as Hytek and Granny's Poultry.

The real story is the dedication and teamwork behind the scenes that made these clinics and vaccines accessible and available. The public health team found locations, advertised times, organized supplies and staff to provide the services. The mental health program provided support by speaking with the public waiting in lines. Infection Control Coordinators worked with the teams to promote hand washing and other control techniques to prevent the spread of H1N1. Other administrative staff provided the back up for the other priorities within the Public Health program such as well baby clinics and home visits. Communications was integral, getting the messages out to the public so that the most current and accurate information was within reach. The executive management met daily and as frequently as every other day with staff, provincial counterparts and Manitoba Health to ensure that the needs of the South Eastman region were met. There were also research requests and addressing the hog industry involvement which were facilitated by the Medical Officer of Health in addition many other priorities.

The priority of the H1N1 pandemic demonstrated the preparedness of the RHA to respond effectively to the many demands placed upon our resources. However, some initiatives needed to be put on hold until the crisis passed.

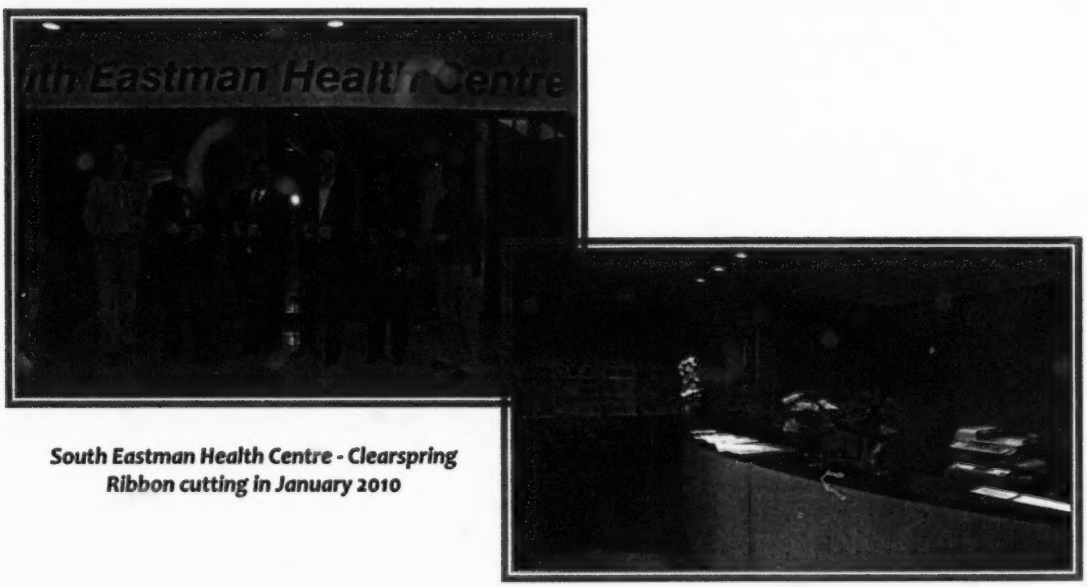
There were many lessons learned from the pandemic experience that have strengthened our processes and highlighted areas for improvement, but also confirmed that foresight and planning are integral to weathering storms. When called upon, our staff responded, were prepared and found solutions. Going forward, reviewing disaster plans and emergency responses will be in part guided by the pandemic experience of 2009-10.

Expansion of Primary Health Care Services

The region has been moving toward increased integration of care providers in a primary health care model of care delivery. The premise of primary health care is to use a team approach to provide care and work with the individual, family and/or community to achieve the best health possible. Two nurse practitioners (NP) were successfully recruited to join the Niverville Primary Health Care Centre (NPHCC) and the De Salaberry & District Health Centre team. The NPs work collaboratively with the fee-for-service physicians at the Niverville Medical Clinic, and are core members of the Primary Health Care team. The NPs provided care to 1,151 clients between Aug 2009 and March 2010. The NPs also provide services to female patients at the East Borderland Primary Health Care Centre. The De Salaberry NP works collaboratively with the medical clinic staff and leads the clinical collaborative practice team.

Building on the Primary Health Care Framework created in 2008, the Chronic Disease Management Team, consisting of Chronic Disease Management Nurses, Dieticians and Primary Health Care Nurses collaborated to address chronic conditions such as diabetes, hypertension and heart disease. The framework was used to expand services to a third location.

On January 28, 2010, the South Eastman Health Centre, located at the Clearspring Mall in Steinbach opened for business. This third site facilitated further integration of care providers by co-locating Midwifery, Chronic Disease and Health Management, Mental Health Adult and Child and Adolescent services. In addition a fee for service physician joined the team in March 2010. This permits both family practice and walk-in access for the residents of primarily the heavily populated Central District and also across the region. The challenge is to continue to integrate services at this site and assist the public to access them.



South Eastman Health Centre - Clearspring
Ribbon cutting in January 2010

Aboriginal Health Transition Fund (AHTF)

The AHTF was an 18-month project started late in 2008 and was due to be completed in June 2010 but has since been extended to December 2010. The Primary Health Care Framework has been instrumental in mapping out the direction for the project in the Western District. The steering committee and project staff established the De Salaberry accountability team to promote collaborative practice and enhance access. The team undertook the implementation of the electronic medical record (EMR) at the De Salaberry District Health Centre and have had great success with the process in the Physician Clinic. As with any change there are challenges, and electronic records bring a new learning curve for practitioners and clients alike. The challenge going forward is to expand the EMR to the other areas within the De Salaberry District Health Centre.

Acute Care Services

The rapid growth in the South Eastman Region has fuelled the need for expanding the infrastructure at two of the four Acute Care Centers. The Emergency Department conversion and major capital project at Bethesda Hospital continued with the planning process in 2009-2010. The budget reviews are complete and the planning for the alternate site for the Emergency Department during construction was substantially advanced. Bethesda Hospital was also the focus of a feature article in the ExecDigital.ca which highlighted the advancements in programs such as stroke care and the birthing centre. The planning for the Ste. Anne Hospital surgical suite conversion achieved functional plan approval in 2009-2010 and the architectural drawings were rendered in 2009-2010. The challenges for both of these major capital projects is to solidify the budgets and planning for service disruptions during the conversion/construction phases expected to start in 2011.

French Language Services

South Eastman is a designated bilingual Health Authority and strives to offer health care services in both official languages. With this goal in mind the region has progressively promoted French language training for any employee wishing to devote the time and energy. Two of our Acute Care sites, Ste. Anne Hospital and De Salaberry District Health Centre have 100% designated bilingual positions. Presently 65% of these positions are filled with bilingual employees. In regional programs, we achieve a higher rate of bilingual employees than the targeted 28% of positions. In the last year, 29 registrations for French Language training programs were initiated from staff, to participate in multi-level language training. Additionally an employee participated in an intensive language immersion program this winter, a first for the region. The region has partnered with the Conseil communauté en santé (CCS), Central RHA and others, in a federally funded project. The project has resulted in a partnership protocol promoting improved collaboration as well as the sharing of prevention and professional development programming designed for delivery through Telehealth. The francophone community resource centres located in La Broquerie and Ste. Agathe are funded by the RHA and supported by the local communities. These centres were transitioned to be managed by the RHA from the CCS.

Suzie Lemoine
French Language Services Coordinator

STRATEGIC PRIORITIES: 2006-2011

South Eastman Health/Santé Sud-Est Inc. developed a comprehensive five-year Strategic Plan whereby 12 priority areas were systematically identified to support Manitoba Health and Healthy Living goals for delivery of services in the regional health authorities.

The twelve priorities are below, and are not in any specific order other than Population Growth, which is seen to be the principal overarching strategic priority.

Strategic Plan 2006-2011 Priority Areas		
Population Growth	Acute Care	Long Term Care
Primary Health Care	Palliative Care	Mental Health
Population Health	Health Promotion & Illness Prevention / Education	Research
Quality	Patient Safety	Human Resources

Population Growth: To collaborate fully in efforts to secure population-based RHA funding to meet the growing and changing needs of the South Eastman population.

Acute Care: To work towards equitable in-region access to quality acute care services for all South Eastman residents.

Long Term Care: To build the continuum of services required to meet the needs of the growing senior population, for residents living in the community and residents progressing through loss of full independence.

Primary Health Care: To expand primary health care by modeling all community-based services on primary health care principles, focusing on prevention and health education approaches.

Palliative Care: To enhance quality of living for residents reaching the end of life.

Mental Health: To build on the significant enhancements made to community mental health program and services over the past few years.

Population Health: To improve the health of the population not only through health service provision but by working collaboratively with the community across all sectors to understand and address the whole range of health determinants.

Acute Care Services

The rapid growth in the South Eastman Region has fuelled the need for expanding the infrastructure at two of the four Acute Care Centers. The Emergency Department conversion and major capital project at Bethesda Hospital continued with the planning process in 2009-2010. The budget reviews are complete and the planning for the alternate site for the Emergency Department during construction was substantially advanced. Bethesda Hospital was also the focus of a feature article in the ExecDigital.ca which highlighted the advancements in programs such as stroke care and the birthing centre. The planning for the Ste. Anne Hospital surgical suite conversion achieved functional plan approval in 2009-2010 and the architectural drawings were rendered in 2009-2010. The challenges for both of these major capital projects is to solidify the budgets and planning for service disruptions during the conversion/construction phases expected to start in 2011.

French Language Services

South Eastman is a designated bilingual Health Authority and strives to offer health care services in both official languages. With this goal in mind the region has progressively promoted French language training for any employee wishing to devote the time and energy. Two of our Acute Care sites, Ste. Anne Hospital and De Salaberry District Health Centre have 100% designated bilingual positions. Presently 65% of these positions are filled with bilingual employees. In regional programs, we achieve a higher rate of bilingual employees than the targeted 28% of positions. In the last year, 29 registrations for French Language training programs were initiated from staff, to participate in multi-level language training. Additionally an employee participated in an intensive language immersion program this winter, a first for the region. The region has partnered with the Conseil communauté en santé (CCS), Central RHA and others, in a federally funded project. The project has resulted in a partnership protocol promoting improved collaboration as well as the sharing of prevention and professional development programming designed for delivery through Telehealth. The francophone community resource centres located in La Broquerie and Ste. Agathe are funded by the RHA and supported by the local communities. These centres were transitioned to be managed by the RHA from the CCS.

Suzie Lemoine
French Language Services Coordinator

STRATEGIC PRIORITIES: 2006-2011

South Eastman Health/Santé Sud-Est Inc. developed a comprehensive five-year Strategic Plan whereby 12 priority areas were systematically identified to support Manitoba Health and Healthy Living goals for delivery of services in the regional health authorities.

The twelve priorities are below, and are not in any specific order other than Population Growth, which is seen to be the principal overarching strategic priority.

Strategic Plan 2006-2011: 12 Priority Areas		
Population Growth	Acute Care	Long Term Care
Primary Health Care	Palliative Care	Mental Health
Population Health	Health Promotion & Illness Prevention / Education	Research
Quality	Patient Safety	Human Resources

Population Growth: To collaborate fully in efforts to secure population-based RHA funding to meet the growing and changing needs of the South Eastman population.

Acute Care: To work towards equitable in-region access to quality acute care services for all South Eastman residents.

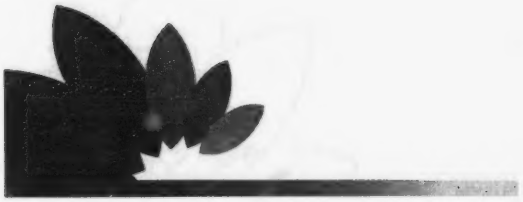
Long Term Care: To build the continuum of services required to meet the needs of the growing senior population, for residents living in the community and residents progressing through loss of full independence.

Primary Health Care: To expand primary health care by modeling all community-based services on primary health care principles, focusing on prevention and health education approaches.

Palliative Care: To enhance quality of living for residents reaching the end of life.

Mental Health: To build on the significant enhancements made to community mental health program and services over the past few years.

Population Health: To improve the health of the population not only through health service provision but by working collaboratively with the community across all sectors to understand and address the whole range of health determinants.



Health Promotion and Illness Prevention/Education: To further position promotion, education and prevention services as key to improving future health in the population.

Research: To uphold the RHA's commitment to evidence-based health policy-making and planning.

Quality: To foster an organizational culture that focuses on the client and the quality of care through continuous learning and service improvement.

Patient Safety: To foster a culture that facilitates patient safety by focusing on safety, disclosure, a systems approach and learning, ultimately improving quality of care.

Human Resources: To enhance quality of care by providing staff with the education, tools, experience, confidence and an environment that fosters a healthy workplace.

The Strategic Plan provides the foundation for measuring progress toward achieving these goals, and planning for future challenges and new objectives. The RHA has identified actions, outcomes and targets for each of its 12 strategic priorities over the course of its implementation.

As we move forward with the development of the next five-year strategic plan for 2011-2016, many of the priorities will carry forward. For instance, as one of the fastest growing areas of the province, population growth will continue to challenge the allocation of resources. Due to volume pressures, the RHA's new strategic plan (2011-2016) will continue to be committed to upstream service delivery in areas such as Primary Health Care, Public Health and Mental Health. The establishment of a Crisis Stabilization Unit (CSU) in Steinbach will continue to be pursued and the capital projects in Acute Care portfolios will also move forward into the next five-year strategic plan.

The RHA continues to address the distinct needs and challenges of its diverse population (i.e.: new immigrants, above-average aging population) and employee recruitment issues, as well as unique district concerns, which can present significant challenges and funding implications.

The next year, 2010-2011, will see the finalization of the next five year (2011-2016) strategic plan as a result of consultations with our residents through the Community Health Assessment (CHA) process.

Performance Results 2009-10

While the region identified 12 priorities for the strategic plan of 2006-2011, focusing on one area versus another was necessary to accomplish the ambitious goals. For the fiscal year 2009-2010, the main focus was on the following priorities: Population Growth, Acute Care, Long Term Care, Primary Health Care and Human Resources, with continued work in each of the other eight priority areas. A detailed review of each of the targeted strategic areas for 2009-10 follows.

POPULATION GROWTH

Strategic Priority

To collaborate fully in efforts to secure population-based RHA funding to meet the growing and changing needs of the South Eastman population.

- To have adequate funding in all program areas.
- To more effectively meet the additional and unique needs of the overseas immigrants.
- To strengthen prevention and early intervention services to limit future demand for high cost care.

RHA Board Ends

- Residents have access to a full range of quality health care services.

Manitoba Health Link

- Optimize the health status of all Manitobans through prevention and health promotion.

Context

- South Eastman continues to experience a level of population growth not experienced elsewhere in Manitoba.
- The RHA recognizes that to continue to deliver quality care using the right provider at the right place and at the right time requires increases in funding.
- Meeting held with MHHL on September 18/09 to present Health Plan and budget matrix. Concerns were raised with regard to ongoing funding challenges as it relates to per capita funding and our inability to catch up as it relates to population growth.
- Funding for 2010-2011 has been confirmed at an overall increase of 3.8%. This is the lowest annual increase received in the history of the RHA and produced a shortfall on the budget of $1.9 million. This shortfall has been mitigated by implementing salary freezes, vacancy management (delaying the filling of any vacancy staff positions) and cuts to supplies, equipment and other discretionary expenditures. The RHA also closed the 2009-10 fiscal year with an accumulated surplus of $1.8 million and this will be used to off-set any operational deficit for 2010-2011.
- Balanced Budget presented in March 2010, much discussion on the mitigation of deficit strategies.

Targeted Measures of Success

Per capita funding (see earlier funding grid on page 36)
Administrative Costs percentage (see financial charts on page 4)

Results

Our baseline per capita funding in 1998 was $866. It has risen to $1266 per capita; our population has also increased by 25% since 1998.

Challenges and Future Directions

Our challenge is that per capita funding has not kept pace with our population growth and thus our services are under funded in the face of the increased service demands not withstanding the increase of 6.1% in 2009-2010. Shortfalls in funding continue to impede progress toward the vision of the region. The Executive and Board will continue to advocate for increases in base funding to achieve the expansion of prevention, community wellness and primary care services to achieve regional, as well as Manitoba Health priorities.

"Our number one priority is to secure the funding we need to meet the health care needs of our region."

ACUTE CARE

Strategic Priority

To work towards equitable in-region access to quality acute care services for all South Eastman residents.

- To maintain equitable in-region access to acute care services.
- To strengthen Bethesda Hospital as a regional facility.
- To strengthen Ste. Anne Hospital as a regional bilingual facility offering French language services.
- To enhance emergency departments at the two regional hospitals.
- To enhance regional Emergency Medical Services.
- To focus obstetrical services at Bethesda and Ste. Anne hospitals, the two regional hospitals.
- To increase midwifery services.

RHA Board Ends

- Residents have access to select secondary services within the region.

Manitoba Health Links

- Optimize the health status of all Manitobans through prevention and health promotion.
- Improve quality, accessibility and accountability in the health system.
- Achieve a sustainable health system.

Context

- The capital projects for the conversion of the Emergency Department at Bethesda Hospital and the surgical suites at Ste. Anne Hospital are progressing through the stages of design, tendering and awarding of contracts.
- The RHA is working to strengthen Bethesda Hospital, the region's only general hospital, as specializing in secondary and enhanced services, including Emergency Room and Cardiac Care. Complementary to this, the RHA aims at having Ste. Anne Hospital function as our lead bilingual facility providing French language services in the emergency, obstetrics and medicine programs along with select secondary services.

Targeted Measures of Success

- Percentage of employees able to provide French language services at designated bilingual facilities.
- Number of Emergency Medical Services primary unit shifts staffed at the Paramedic I and Paramedic II levels.
- Number of obstetrical deliveries or births at Ste. Anne Hospital and Bethesda Hospital.
- Total number of visits to Emergency Department at Bethesda Hospital.

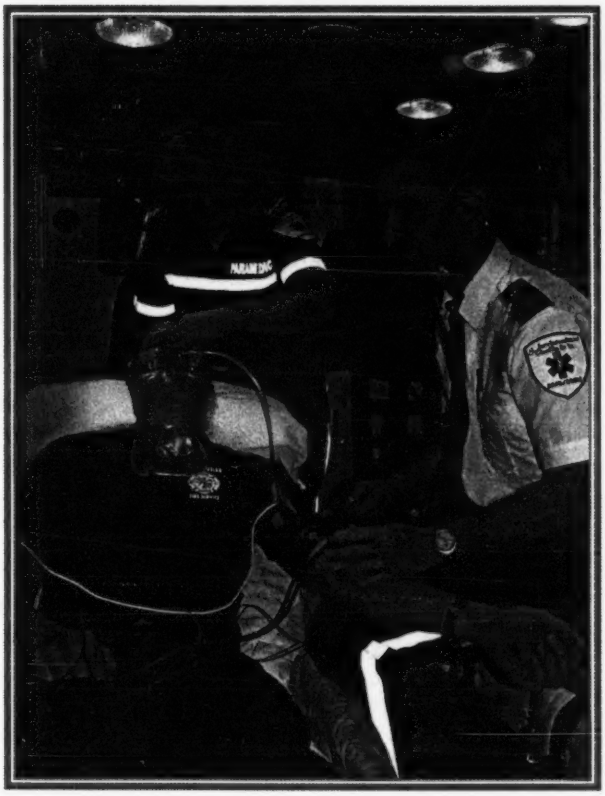
Results

- 65% (increase of 1% from 2008-2009) of employees provide bilingual services at our two designed facilities.
- One hundred per cent (100%) of the primary shifts in the Emergency Medical Services have a Paramedic I and 30% have a Paramedic II on shift. The target has been reached for the Paramedic I. The target of 75% for the Paramedic II is still a goal.
- The number of births at Ste. Anne and Bethesda Hospitals reached 471, which is an increase of approx 23% at Bethesda Hospital alone over the last 4 years.
- The total number of visits to the Emergency Department at Bethesda Hospital increased to just over 25,000 from 23,889 in 2008-2009. The numbers have consistently increased in the non-urgent category over the last four years, while the number of scheduled visits has decreased.

Challenges and Future Directions

The redevelopment of the Emergency Department will bring special challenges as the project moves forward. The temporary relocation of the department to the first floor of the Community Health Services Building (CHS) will bring challenges to service delivery for the community programs. The disruption is expected to last approximately 24 months.

"Our goal is to provide equitable access to quality acute care services for all South Eastman residents."



LONG TERM CARE

Strategic Priority

To build the continuum of services required to meet the needs of the growing senior population for residents living in the community and residents progressing through loss of full independence.

- To help seniors live in the community as long as possible, in safe environments with quality of life.
- To enhance access to appropriate accommodations for seniors with activity limitations and disabilities.
- To partner with communities in developing senior housing options:
    - Further develop East Borderland housing project Elderly Persons Housing(EPH)/ Supportive Housing/ Personal Care Home (PCH)

RHA Board Ends

- Vulnerable population groups are identified and have their specific needs met.

Manitoba Health Links

- Optimize the health status of all Manitobans through prevention and health promotion.

Context

- The senior population in the South Eastman region is increasing much more rapidly than in the rest of Manitoba. This has led to a decline in the availability of care services, specifically primary care and personal care homes.
- As the population increases and ages, and numbers of people with cancer and other life threatening illnesses rise, needs and expectations for access to quality, flexible and individualized cancer care and palliative care are escalating.
- RHA Board passed a resolution in April 2009 granting East Borderland Community Housing (EBCH) the offer of an interest free loan for the completion of a development plan for the PCH component of the Community Housing Project.
- Discussions are underway with legal counsel for Manitoba Housing Renewal Corporation (MHRC) to lease RHA property to support the housing initiative.
- A letter of support for the project was forwarded to ADM Marcia Thompson from the Board Chair and CEO in November 2009.
- A meeting with EBCH Board, Acorn Development Consultant and representatives from Manitoba Health, the RM of Piney, Manitoba Housing Renewal Corporation (MHRC), Cross Department Coordination Office at Manitoba Health and the RHA was held on December 1/09. MHRC indicated potential support for 10 – 15 units of housing pending a review of the current housing in the area.
- The EBCH Board indicated their willingness to collaborate with MHRC in the development of 15 EPH units in a letter dated December 22/09.
- The EBCH Board met with the Minister of Housing and Community Development, local MLA, Acorn Development Consultants and representative of the RM of Piney and the RHA on March 12/10.

Targeted Measures of Success

- Number of personal care home beds per 1,000 residents over 75 years of age.
- Number of supportive housing units developed.
- Comprehensive Long Term Care review.

Results

- In 2008-09, the projected bed ratio for 2010 was 103 beds with an ongoing 2% increase in the 75 year old and over population. The personal care home beds ratio is currently at 104 beds per 1,000 people over 75 years of age, which is lower than the Manitoba Health recommended levels of 110 per 1,000 residents aged 75 years and over.

- With the consistent 2% increase in 75 year old and over population the projected bed ratio is projected to be 94 beds per 1,000 by 2015. This ratio is 15% less than the recommended number of 110 beds per 1,000 residents aged 75 years and over.
- From April 2009 to March 2010, the average wait for a long term care bed was 71 days.
- The regional long term care strategy working group continued to study the data and develop a long term plan for presentation to the RHA Board in fall of 2010.
- Supportive housing capacity remained static at 60.
- There are 68 supportive housing spaces under development with 12 due to open in the next few months.

Challenges and Future Directions

The leading edge of the baby boom generation turns 65 years old in 2011 and 75 years old in 2021. The decreasing bed ratio in personal care homes will limit the ability to deliver appropriate care for the frail elderly who need 24-hour supervision and nursing support which will increase the need for home care resources. In addition, the senior population between the ages of 65-74, will have increasing expectations of resources to assist them to be maintained in their communities. The expansion of supportive housing, personal care home beds and community support for services is essential to address the growing pressures within all districts in the region.

PRIMARY HEALTH CARE

Strategic Priority

To expand primary health care by modeling all community-based services on primary health care principles, focusing on prevention and health education approaches.

- To increase the quality and effectiveness of services provided at the first level of contact with the health system.
- To enhance prevention, health promotion, health education, and service integration.
- To meet expressed community needs for greater emphasis on front-line health services, new approaches to service provision, increased accessibility, increased flexibility and alternate modes of delivery:
    - Strengthening services at East Borderland Health Centre and Primary Health Care Corners.

RHA Board Ends

- Residents have access to primary services.

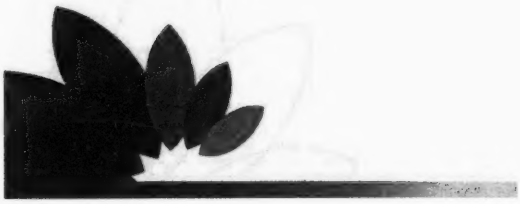
Manitoba Health Links

- Optimize the health status of all Manitobans through prevention and health promotion.
- Improve health quality, accessibility and accountability of the health system.

Context

- Providing the right service to the right person at the right time is a high priority for South Eastman RHA and is expected by our residents.
- Physician recruitment and retention presents ongoing challenges region-wide.
- Declining access to primary health care due to population growth challenges the RHA to work towards innovative approaches to health care delivery.
- The Public Health and Primary Health Care Programs have been re-structured. The Public Health Program now includes a Healthy Living component that targets regional health education/information/ prevention strategies.
- The Primary Health Care Framework integrates the principles of primary health care into the design and evaluation of services and programs and was piloted in the Western District with the Aboriginal Health Transition Fund Project (AHTF).

St. Malo is one of our communities, rich in Métis and Aboriginal people and culture, benefiting from our AHTF Project.



- The Aboriginal Health Transition Fund Project has a prevention/education component. The project team developed a strategy to implement that component.
- The Primary Health Care Program expanded the Chronic Disease staffing resources with additional nursing and dietician staffing.
- The Primary Health Care Manager worked with the newly established chronic disease team to develop a strategy for the delivery of services and program goals. New funding has been announced to support Healthy Living initiatives, Chronic Disease Prevention Initiative (CDPI), diabetes program and cancer prevention. The funding is provided to achieve five broad deliverables related to primary care and healthy living. Staff vacancy dollars from East Borderland (EB) supported the contracted dietician services at EB until June 2009.
- The position description for Health Corner workers had been finalized. The recruitment of the Health Corner workers was deferred due to H1N1 demands.
- The recruitment for the Health Promotion coordinator was delayed due to H1N1 demands. The position was filled in early January 2010.
- The incumbent RN (EP) based at the Niverville Primary Health Care Centre developed the community based RN (EP) role, participating on the regional RN (EP) Integration Committee and developing a collaborative practice role with the Niverville Medical Clinic.
- Ongoing discussions with Steinbach Family Medical Centre regarding primary health care model of care delivery.

Targeted Measures of Success

- # of disciplines at East Borderland and Niverville Primary Health Centres.
- # of meetings to explore Primary Health Care model with Medical Clinics.
- # of sites providing integrated service delivery.

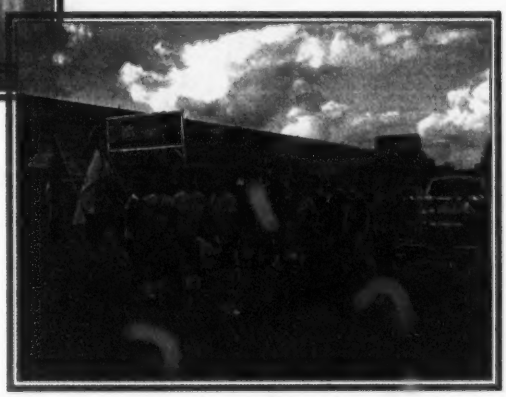
Results

- The number of professional disciplines at East Borderland and Niverville Primary Health Care Centres has increased over the last year with the addition of a dietician, school social worker and the Niverville RNEP who provides services one day a month at East Borderland Primary Health Care Centre.
- The model of primary health care discussions resulted in a shared care model at the Steinbach Family Medical Centre. A mental health counsellor has been integrated into the clinic services. This was a significant step in collaboration and integration of services.
- The target number of sites offering integrated service delivery is four sites by 2011. The opening of the South Eastman Health Centre - Clearspring Mall location increased the sites to three. A fourth site is in the planning stages.

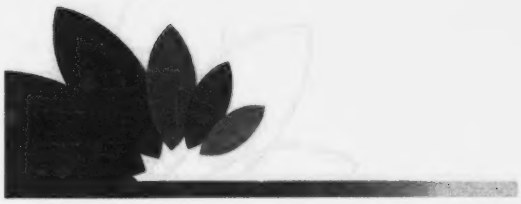
Challenges and Future Directions

The sustainability of health care service delivery is contingent upon innovative approaches such as the primary health care framework. Obtaining solid funding to expand the services within the communities to reach the target populations will remain a challenge as the health benefits are not immediately recognizable or measurable. Future directions are to continue to consult with stakeholders in the region to ensure health service delivery to the population in the right place at the right time with the correct resources.

South Eastman Health Centre - Clearspring is conveniently located in a busy Steinbach mall.



Steinbach Community Health Staff participating in the Heart & Stroke Big Bike Run 2009



HUMAN RESOURCES

Strategic Priority

To enhance quality of care by providing staff with the education, tools, experience, confidence and environment that fosters healthy workplace.

- To provide staff with ongoing professional support.
- To provide staff with ongoing practical support:
    - Establish a regional staff development program that provides all staff with ongoing education, training, upgrading and skills evaluation.
    - Provide tools/resources to enable staff to meet quality standards.

RHA Board Ends

- Residents have access to a full range of quality health care services.

Manitoba Health Links

- Achieve a sustainable health system. Improve health quality, accessibility and accountability of the health system.

Context

- Human Resources are the backbone of any service industry and health care is no different. South Eastman RHA is committed to development of employees to their maximum potential. Averting future human resource shortages requires sustained efforts at recruitment and retention.
- Ongoing coordination with facility managers based on needs that exist in Acute Care for staff development. Staff development coordinators review education schedules to ensure ongoing programs are manageable for frontline staff.
- Community Staff Development Coordinator conducted an assessment on educational needs within the community programs and has developed a work plan to meet the identified needs.
- Support for managers related to collective agreements and consistency of application within and across bargaining units has been facilitated by the development of a resource called "HR Matters". Presentations were made to the regional management team on a regular basis.
- Long term care (LTC) staffs have an established training schedule based on Manitoba Health LTC Standards.

Targeted Measures of Success

- Formalized staff development program.

Results

- Annual training schedule established for the Acute Care and Long Term Care staff based on mandatory requirements.
- General orientation for all staff including community programs.
- Ongoing staff development for acute, community and long term care staff based on shared planning model that identifies annual priorities.

Challenges and Future Directions

Challenges in recruitment and retention are evident in all disciplines and across all areas of the region. The region participates in the National Benchmarking Survey and the data is utilized in regional scorecards, as appropriate. Continued funding is central to providing education and support to staff development and recruitment and retention of staff will continue to be a challenge in the current financial environment.

Charlene Barkman
Staff Development Coordinator, Long Term Care

"Without dedicated and well trained staff, South Eastman would not meet the challenges of health service delivery in Manitoba's fastest growing region."

RISK MANAGEMENT STRATEGY

Ongoing quality improvement initiatives with Accreditation Canada brought about a review of the quality team structures. In the last few years, the long term care affiliate sites underwent the Accreditation Canada process independently of the RHA processes. The separation of the affiliate sites from the regional accreditation process required that the governance standards be reviewed by the boards of the affiliate sites. This created an opportunity to review the team membership that had reviewed the Governance standards for the RHA in the past. This lead to the creation of The Long Term Care Network and a separate process for the Board of the RHA related to the Governance standards. This also promoted a review of the quality improvement and risk committee of the RHA. The review resulted in a revamp of these committees. A Quality Council was created from the previous team leader committee within the RHA and a separate Regional Risk committee was struck. The Quality Council membership is comprised of direct care providers, managers and senior managers and focuses on the quality improvement initiatives as identified by the teams.

South Eastman Health/Santé Sud-Est Inc. has an integrated risk management policy which assists us to ensure that risk is managed with the region's health care system. The intent is to provide a foundation in a non-threatening environment which will encourage the development of a work force capable of recognizing and dealing with risk issues. The regional risk committee membership includes two board members, as well as staff from certain high risk areas such as patient safety, acute care facilities and some community programs. The regional risk management strategy was updated to reflect the enterprise risk management philosophy. Additionally, the regional risk and adverse event database is undergoing revision and updating.

Ongoing reporting of occurrence information is in place and reports are generated regularly to follow trends within our services. Information on service concerns is available on the RHA website at sehealth.mb.ca and the policy is on the internal website. We encourage prompt replies and resolutions to all complaints brought forward.

Data Limitations

The business of health care is dedicated to patient care and data collection. Synthesis and analysis is invaluable to making informed decisions to improve patient care experience. Collection and reporting of performance measures requires reliable, valid and tested methodology. A variety of resources are accessed to gather pertinent information to assist with decision-making. All data must be considered within a context and presented to the audience in an understandable and useful manner. We have endeavoured to utilize reliable and reputable sources for our data, i.e. The Manitoba Centre for Health Policy, Statistics Canada, Canadian Health Services Research Foundation and our own Community Health Assessment (2008-09). In addition, our internal data sources such as quality teams, financial and human resource data bases were accessed.

Accreditation

The South Eastman region completed accreditation in 2008. Initially, Accreditation Canada indicated the region was granted accreditation with conditions. Through diligence and follow up, Accreditation Canada reviewed their decision and determined that South Eastman Health/Santé Sud-Est Inc. had met all of the accreditation expectations at the initial time of review in March 2008. Our affiliate sites, Menno Home, Rest Haven achieved accreditation in 2008. Villa Youville and St. Adolphe achieved accreditation in 2009. Follow-up reports were completed as required to Accreditation Canada. The RHA looks forward to our next accreditation visit in March 2011 and has a longer range goal to align RHA accreditation and affiliate site accreditation possibly in 2014.

ACCREDITATION CANADA
AGRÉMENT CANADA
South Eastman Health
Santé Sud-Est Inc.
La Broquerie, Manitoba
Congratulations on meeting national standards of excellence in quality care and service.
ACCREDITED • AGRÉÉ
2008-2011
Félicitations pour avoir atteint les normes d'excellence nationales en matière de qualité des soins et des services.
Chair
Présidente
President and Chief Executive Officer
Présidente-directrice générale

CAPITAL PLAN

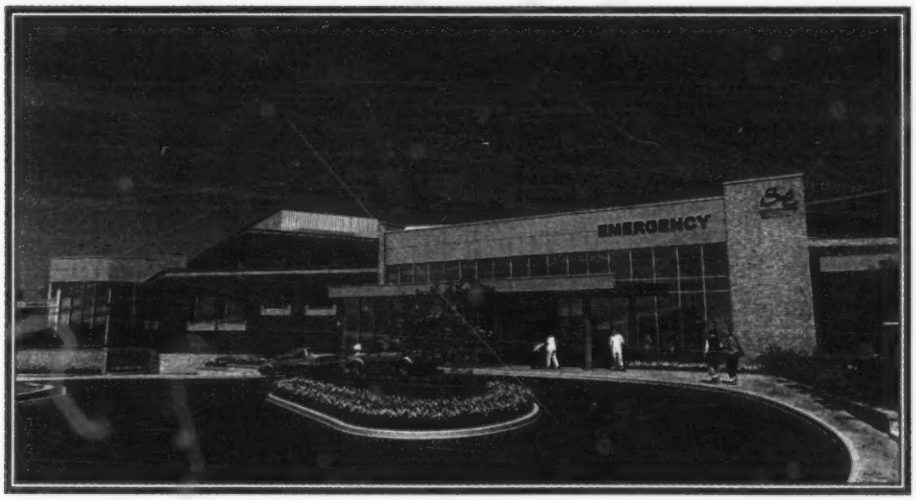
South Eastman Health/Santé Sud-Est Inc continues to upgrade its capital infrastructure throughout the region to meet legislative, standards of care and program volume needs. Prioritization of all capital projects and safety and security projects occur annually as a result of the Health Planning process.

Emergency Department Project at Bethesda Hospital

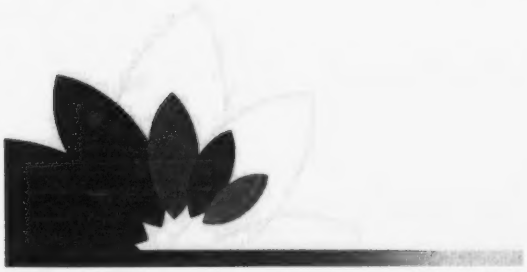
This project was announced by the Minister of Health in October 2007 and much work has been completed to date. The functional plan and design work with the architects has been completed. The planning for relocating the Emergency Department services during construction is progressing. The first floor of the Community Services Building at 365 Reimer has been identified as the space for the temporary emergency department during the 24 months of construction required to complete the renovations. Significant planning has been undertaken to ensure that the temporary space will meet the needs of the region. The project is moving ahead and we expect to have construction underway in 2011-2012.

Operating Suite and Post Anaesthesia Care Unit at Ste. Anne Hospital

The Minister of Health also announced the investment of more than $6 million for renovations to Ste. Anne Hospital in the fall of 2007. The design phase and architect designs were unveiled to the public this past spring. Planning is moving forward with the involvement of the community and the Foundation to address the community contribution funding needed to make this a reality. The Hospital Foundation has launched a comprehensive fundraising campaign including an online-auction and a dedicated project development fund in honour of Dr. Doyle, one of Ste. Anne's founding physicians.



"The region is in great need of this improved ER."



THE PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION) ACT

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public sector.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or knowingly directing or counselling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by South Eastman Health/Santé Sud-Est Inc. for the fiscal year 2009-10.

Information required annually (per Section 18 of the Act)	Fiscal year 2009-10
The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a)	NIL. No disclosure was received.
The number of investigations commenced as a result of a disclosure. Subsection 18(2)(b)	NIL. No investigation was commenced under the Act.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. Subsection 18(2)(c)	NIL. No investigation was commenced under the Act.

Administrative Cost Reporting

The Minister has requested that all Health Authorities provide more detailed public reporting on their administrative costs. In order to provide more transparency and clarity as to what is included in the nationally accepted definition of administrative costs, the administrative costs are to be reported in three categories: Corporate, Patient-Care related and Human Resources and Recruitment. These three categories are then to be reported as a percentage of total operating expenses. In accordance with this reporting requirement the following table is provided:

Type of Administrative Cost	Total 2009-10 Costs	% of Total 2009-10 Operating Expense	2008/09
Patient Care	$229,534	0.30%	0.18%
Human Resources & Recruitment	$705,005	0.92%	1.17%
Corporate	$3,874,088	5.07%	5.03%
Total Administrative Cost	***$4,808,628***	***6.29%***	***6.38%***

CONDENSED STATEMENT OF FINANCIAL POSITION

SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.
Condensed Statement of Financial Position

March 31			2010	2009
	Regional Health Authority	Contract Facilities	Consolidated	Consolidated
Assets				
Current Assets				
Cash	$ 7,611,165	$ 424,118	$ 8,035,283	$ 7,504,195
Accounts receivable	1,514,529	112,108	1,626,637	1,943,815
Due from Manitoba Health and Healthy Living	63,868	19,277	83,145	-
Inventories	1,494,348	89,372	1,583,720	1,435,586
Prepaid expense	468,348	16,503	484,851	396,166
Vacation entitlements receivable	2,165,279	488,270	2,653,549	2,653,549
	13,317,537	1,149,648	14,467,185	13,933,311
Retirement obligations receivable	1,898,575	458,577	2,357,152	2,357,152
Restricted assets	105,482	-	105,482	101,767
Capital assets	41,759,614	11,078,674	52,838,288	52,283,668
	$57,081,208	$12,686,899	$69,768,107	$68,675,898
Liabilities and Net Assets				
Current Liabilities				
Bank indebtedness	$ -	$ 33,947	$ 33,947	$ 54,697
Accounts payable and accrued liabilities	4,398,961	469,950	4,868,911	5,864,642
Accrued vacation entitlements	3,651,576	716,866	4,368,442	3,755,144
Due to contract facilities (from Health Authority)	87,461	(87,461)	-	-
Due to Manitoba Health and Healthy Living	-	-	-	359,460
Unearned revenue	497,554	3,108	500,662	1,203,373
	8,635,552	1,136,410	9,771,962	11,237,316
Accrued retirement obligations	4,164,208	458,577	4,622,785	3,783,495
Deferred Contributions				
Expenses of future periods	589,138	298,732	887,870	1,220,184
Capital assets	41,231,365	10,838,835	52,070,200	51,515,580
	41,820,503	11,137,567	52,958,070	52,735,764
Commitments and contingencies				
Net Assets				
Investment in capital assets	528,249	239,839	768,088	768,088
Externally restricted - Contract Facilities	-	(285,494)	(285,494)	(221,582)
Externally restricted	105,482	-	105,482	101,767
Unrestricted	1,827,214	-	1,827,214	271,050
	2,460,945	(45,655)	2,415,290	919,323
	$57,081,208	$12,686,899	$69,768,107	$68,675,898

CONDENSED STATEMENT OF OPERATIONS

SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.
Condensed Statement of Operations

For the year ended March 31	Regional Health Authority	Contract Facilities	2010 Consolidated	2009 Consolidated
Revenue				
Province of Manitoba				
Health and Healthy Living	$72,082,838	$ 9,425,467	$81,508,303	$73,383,972
Other	1,130,315	-	1,130,315	976,259
Government of Canada	-	77,562	77,562	77,562
Non-insured income	2,934,510	2,306,964	5,241,474	5,108,978
Other income and recovered services	79,770	426,018	505,788	483,245
Amortization of deferred contributions	2,188,373	482,760	2,671,133	3,262,563
	78,415,804	12,718,771	91,134,575	83,272,579
Expenditures				
Acute care services	26,071,088	-	26,071,088	23,485,064
Long-term care services	9,712,112	12,299,923	22,012,035	20,209,265
Community based home care services	14,178,780	-	14,178,780	13,354,883
Community based health services	6,452,248	-	6,452,248	5,541,177
Medical remuneration	5,814,826	-	5,814,826	5,437,299
Diagnostic services	3,861,558	-	3,861,558	3,588,678
Amortization of capital assets	2,188,373	482,760	2,671,133	3,262,563
Community based mental health services	2,995,034	-	2,995,034	2,553,861
Emergency Medical Services	3,632,793	-	3,632,793	2,825,956
Regional Health Authority costs	1,952,830	-	1,952,830	1,553,008
	76,859,640	12,782,683	89,642,323	81,811,754
Excess of revenue over expenditures before other item	1,556,164	(63,912)	1,492,252	1,460,825
Other Item				
Forgiveness of debt	-	-	-	75,000
Excess of revenue over expenditures for the year	$ 1,556,164	$ (63,912)	$ 1,492,252	$ 1,535,825
Allocated as follows				
Externally restricted	$ -	$ (63,912)	$ (63,912)	$ 195,605
Unrestricted	1,556,164	-	1,556,164	1,340,220
	$ 1,556,164	$ (63,912)	$ 1,492,252	$ 1,535,825

Auditors' Report

To the Board of Directors of
SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.:

The accompanying condensed statements of financial position and operations are derived from the complete financial statements of South Eastman Health/Santé Sud-Est Inc. as at March 31, 2010 and for the year then ended on which we expressed an opinion without reservation in our report dated May 28, 2010. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of the Canadian Institute of Chartered Accountants, is to report on the condensed financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete statements of operations in accordance with the criteria described in the Guideline referred to above.

These condensed financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operation and cash flows, reference should be made to the related complete financial statements available at the offices of the Authority.

BDO Canada LLP

Chartered Accountants

Winnipeg, Manitoba
May 28, 2010

CONTACT INFORMATION

South Eastman Health/Santé Sud-Est Inc. is a bilingual Regional Health Authority that offers community health and acute care services in southeast Manitoba.

General Information	
Corporate Office	424-5880
Toll Free	1 866 716-5633
Email	corp@sehealth.mb.ca
Website	sehealth.mb.ca

Hospitals	
Bethesda Hospital	326-6411
De Salaberry District Health Centre	433-7611
Ste. Anne Hospital	422-8837
Vita & District Health Centre	425-3804

Primary Health Care Centres	
East Borderland (Sprague)	437-3015
Niverville	388-2030

Community Services	
Dominion City	427-3460
St. Adolphe	883-2243
Ste. Anne	422-8817
St. Pierre-Jolys	433-7636
South Eastman Health Centre - Clearspring (Steinbach)	326-7569
South Eastman Health Centre - Lorette	878-9752
Steinbach	346-6123
Vita	425-3859

Personal Care Homes	
Bethesda Place (Steinbach)	326-6411
Menno Home for the Aged (Grunthal)	434-6496
Repos Jolys (St. Pierre-Jolys)	433-7443
Rest Haven Nursing Home (Steinbach)	326-2206
St. Adolphe PCH	883-2181
Villa Youville (Ste. Anne)	422-5624
Vita PCH	425-3325

Community Health Resource Centres	
Centre de santé La Broquerie	424-5575
Centre de santé Sainte-Agathe	882-2827
Health Corner/Coin Santé (St. Pierre-Jolys)	433-7611

Programs & Services	
Audiology	346-7009
Community Cancer Care	346-5160
Diagnostic Services	346-5153
Emergency Medical Services	346-7028
Home Care	346-6122
Mental Health	346-7034
Crisis Response Services	326-9276
Toll Free	1 888 617-7715
Community Health Assessment	346-6357
Midwifery	433-7198
Palliative Care	346-7064 or 433-7636
Public Health	346-6145
Services to Seniors	388-2043